

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS							A			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	10						TOTAL IND.	9		
TOTAL DEP.	34	↓		↓		↓	TOTAL DEP.	67	↓	↓
TOTAL CLAIMS	44	↓		↓		↓	TOTAL CLAIMS	76	↓	↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS